

OFFICE OF ATTORNEY GENERAL  
BUREAU OF CONSUMER PROTECTION  
HEALTH CLUB REGISTRATION SECTION  
14<sup>TH</sup> FLOOR, STRAWBERRY SQUARE  
HARRISBURG, PENNSYLVANIA 17120  
(717) 787-9707

\_\_\_\_\_ New Certificate  
\_\_\_\_\_ Renewal Certificate

Current Registration Number  
(If this is a Renewal)

\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**  
**WITH FINANCIAL SECURITY REQUIREMENTS OF THE HEALTH CLUB ACT**

**NOTE:** A CERTIFICATE OF COMPLIANCE MUST BE FILED FOR EACH SEPARATE LOCATION AT WHICH A BUSINESS ENTITY PROVIDES HEALTH CLUB SERVICES.

1. This Certificate of Compliance is made on behalf of the following business entity:

\_\_\_\_\_  
BUSINESS OR FICTITIOUS NAME OF HEALTH CLUB

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY COUNTY ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
LOCATION OF HEALTH CLUB IF DIFFERENT FROM ABOVE

2. The health club identified in paragraph 1 above, advertises, offers for sale or sells health club services pursuant to the following types of health club contracts: (check one)

\_\_\_\_\_ A. Health club contracts for **no more than twelve (12) months** where payments are **NOT made in equal monthly installments**.  
(\$50,000 Financial Security Required)

\_\_\_\_\_ B. Health club contracts for **more than twelve (12) months but no more than twenty-four (24) months** where payments are **NOT made in equal monthly installments**. (\$100,000 Financial Security Required).

- \_\_\_\_ C. Health club contracts for **more than twenty-four (24) months** where payments are **NOT made in equal monthly installments**. (\$200,000 Financial Security Required).
- \_\_\_\_ D. Health club contracts for **no more than twenty-four (24) months** where payments are **NOT made in equal monthly installments, AND where no more than three hundred (300) persons are members of the health club**. (\$50,000 Financial Security Required).
- \_\_\_\_ E. Health club contracts for **no more than twenty-four (24) months** where payments are **NOT made in equal monthly installments, AND no more than one hundred fifty (150) persons are members of the health club**. (\$25,000 Financial Security Required).

3. The health club identified in Paragraph 1 above has satisfied the appropriate financial security requirements of the Health Club Act as follows: (check one)

\_\_\_\_ A. A Surety Bond in the amount of \$ \_\_\_\_\_ has been obtained.

i. The Bonding Company is:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

ii. The Bond Number is:

\_\_\_\_\_

iii. The Bond was issued on:

- \_\_\_\_\_
- iv. The Bond is in the form which has been approved by the Bureau of Consumer Protection, or its substantial equivalent.

**(ORIGINAL BOND MUST BE FILED WITH THIS CERTIFICATE)**

\_\_\_\_\_ B. An irrevocable Letter of Credit in the amount of \$ \_\_\_\_\_ has been filed with the Bureau of Consumer Protection.

- i. The financial institution is:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

- ii. The Letter of Credit number is: \_\_\_\_\_
- iii. The Letter of Credit was issued on: \_\_\_\_\_
- iv. The Letter of Credit is on a form approved and provided by the Bureau Of Consumer Protection, or its substantial equivalent.

**(ORIGINAL LETTER OF CREDIT MUST BE FILED WITH THIS CERTIFICATE)**

4. The financial security identified in Paragraph 3 above is currently in effect and, unless terminated or canceled upon ninety (90) days written notice, will remain in effect.

**NOTE: IF FINANCIAL SECURITY IS CANCELED OR TERMINATED, IT MUST BE REPLACED WITH FINANCIAL SECURITY ACCEPTABLE TO**

THE BUREAU OF CONSUMER PROTECTION. FAILURE TO REPLACE A BOND WILL RESULT IN YOUR HEALTH CLUB NOT BEING ABLE TO WRITE ANY FURTHER HEALTH CLUB CONTRACTS. FAILURE TO REPLACE A LETTER OF CREDIT WILL RESULT IN THE LETTER OF CREDIT BEING CALLED IN ITS FULL AMOUNT.

5. I understand that I am under a continuing obligation to notify the Bureau of Consumer Protection in writing of any change in the information provided in this Certificate of Compliance and of the obligation to file a renewal certificate by June 1st of each year.

**CERTIFICATION**

I hereby certify that the information contained in this Certificate of Compliance is true and correct. I further certify that I have actual authority to make this certification on behalf of the health club identified in Paragraph 1 above. I also understand that any false statement made herein is subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
FOR OFFICIAL USE (to be completed by the Bureau of Consumer Protection)

DATE RECEIVED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

BOND OR LETTER OF  
CREDIT RECEIVED: \_\_\_\_\_

ACTION RECOMMENDED: \_\_\_\_\_

APPLICATION APPROVED ON: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_